PAGE 1 / 8

Image# 12940328379

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auth	iorizea Committee	Office Use Only				
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5				
WORKING FAMILIES	FOR HAWAII						
ADDRESS (number and street)	66 Queen Street						
Check if different	Suite 3902						
than previously reported. (ACC)	Honolulu		HI 96813				
2. FEC IDENTIFICATION N	UMBER ▼ CITY	Ý A	STATE ▲ ZIP CODE ▲				
C C00490193	3. IS	THIS EPORT X (N) OR	AMENDED (A)				
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	20 (M2) May 20 (M5	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)				
(a) Quarterly Reports:	Mar 2	20 (M3) Jun 20 (M6)) Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only)				
April 15		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)				
Quarterly Report (0	(C) 12-Day PRF-Election	Primary (12P)	X General (12G) Runoff (12R)				
Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)				
Quarterly Report (0	Floation	n on 11 06	in the 2012 State of HI				
Year-End Report (\) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)				
Termination Report	Report for the:	M M / D D /	Y Y Y Y in the				
(TER)	Election	n on	State of				
5. Covering Period 1		through 10	17 2012				
I certify that I have examined the	nis Report and to the best of i	my knowledge and belief it is t	true, correct and complete.				
Type or Print Name of Treasure	er Guy Fujimura						
Signature of Treasurer Guy	Signature of Treasurer Guy Fujimura [Electronically Filed] Date 10 19 2012						
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.				
Office Use Only			FEC FORM 3X Rev. 12/2004				

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name WORKING FAMILIES FOR HAWAII		
Report Covering the Period: From: 10	/ 01 / 2012 To:	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		6344.28
(b) Cash on Hand at Beginning of Reporting Period	57582.40	
(c) Total Receipts (from Line 19)	505.47	203655.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58087.87	210000.04
7. Total Disbursements (from Line 31)	56558.43	208470.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1529.44	1529.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multicand	lidate committee. (see FEC FORM 1M)	
Fo	or further information contact:	
	Federal Election Commission	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

WORKING FAMILIES FOR HAWAII

I. Receipts tions (other than loans) From: viduals/Persons Other n Political Committees Itemized (use Schedule A) Unitemized	0.00 0.00 0.00 0.00 0.00	200000.00 200000.00 200000.00
viduals/Persons Other n Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) tical Party Committees er Political Committees ch as PACs)	0.00 0.00 0.00	200000.00
n Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) tical Party Committees er Political Committees ch as PACs)	0.00 0.00 0.00	200000.00
Unitemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) tical Party Committees er Political Committees ch as PACs)	0.00 0.00 0.00	200000.00
Unitemized TOTAL (add Lines 11(a)(i) and (ii)	0.00 0.00 0.00	200000.00
TOTAL (add Lines 11(a)(i) and (ii) tical Party Committees er Political Committees ch as PACs)	0.00	200000.00
TOTAL (add Lines 11(a)(i) and (ii) tical Party Committees er Political Committees ch as PACs)	0.00	200000.00
Lines 11(a)(i) and (ii)▶ tical Party Committees	0.00	
tical Party Committeeser Political Committees	0.00	
er Political Committees ch as PACs)		0.00
er Political Committees ch as PACs)		
ch as PACs)	0.00	7
	0.00	0.00
a)(iii), (b), and (c)) (Carry		
als to Line 33, page 5)	0.00	200000.00
	, , , , , , , , , , , , , , , , , , , ,	
ommittees	0.00	0.00
<u> </u>		
s Received	0.00	0.00
insymants Passivad	0.00	0.00
	7	0.00
· · · · · · · · · · · · · · · · · · ·	505.47	3655.76
		7 7
	0.00	0.00
	7 7	9 9
	0.00	0.00
	3.00	7
	0.00	0.00
	7	3.00
Eunda (fram Cahadula HE)	0.00	0.00
i Funds (irom Schedule H5)	7	0.00
Transfore (add 18(a) and 18(b))	0.00	0.00
Transiers (add To(a) and To(b))	0.00	0.00
	s From Affiliated/Other ommittees	s From Affiliated/Other committees

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calolidai Tour-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	5.00	0.00
Expenditures	90.00	1172.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	90.00	1172.00
Transfers to Affiliated/Other Party	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E)	56468.43	207174.60
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)	7	0.00
Loan Repayments Made	0.00	0.00
- · · ·		
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(444 2.1100 20(4), (2), 4.14 (0), 1.111111111		
Other Disbursements	0.00	124.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	56558.43	208470.60
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	56558.43	208470.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	200000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	200000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	90.00	1172.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	505.47	3655.76
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-415.47	-2483.76

S П

SCHEDULE A (FEC Form	3X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 8 (check only one)					
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 X 15 16 17					
or for commercial purposes, other than u	s and Statements may not be sold or used by any p sing the name and address of any political committed						
NAME OF COMMITTEE (In Full) WORKING FAMILIES FO	R HAWAII						
Full Name (Last, First, Middle Initial) A. HAWAII GOVERNMENT EMPL	OYEES ASSOCIATION	Date of Receipt					
Mailing Address 888 MILILANI STREE SUITE 601	Т	10 17 2012					
City HONOLULU	State Zip Code HI 96813	Transaction ID : SA15.4290					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 90.00					
Name of Employer	Occupation	In-kind - ADMINISTRATIVE/SALARY COSTS					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1172.00						
Full Name (Last, First, Middle Initial) B. HENDRIX MIYASAKI SHIN A	DVERTISING	Date of Receipt					
Mailing Address 1580 MAKALOA STR SUITE 945		10 02 / 2012					
City HONOLULU	State Zip Code HI 96814	Transaction ID : SA15.4289 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	415.47					
Name of Employer	Occupation	REFUND RADIO SPOT ADS					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2483.76						
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)						
Mailing Address		M = M / D = D / Y = Y = Y					
City	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C						
Name of Employer	Occupation						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (opti	onal)	505.47					
TOTAL This Period (last page this line)	sumbor only)	505.47					

TOTAL This Period (last page this line number only).....

S ľ

Use separate schedule(s) for each category of the Detailed Summary Page Check only one	SCHEDULE B (FEC Form 3X)		FOR LIN	FOR LINE NUMBER: PAGE 7 OF 8						
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WORKING FAMILIES FOR HAWAII Full Name (Last, First, Middle Initial) A. HAWAII GOVERNMENT EMPLOYEES ASSOCIATION Mailing Address 888 MILILANI STREET SUITE 01 City State Zip Code HH. 96813 Purpose of Dibiursement In-kind - ADMINISTRATVE/SALARY COSTS Candidate Name Category/ Type Office Sought: House Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President State: Disbursement Candidate Name Category/ Type Office Sought: House President State: Disbursement Candidate Name Category/ Type Office Sought: House Primary General Primary General Primary General Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House President State: Disbursement Candidate Name Category/ Type Office Sought: House Primary General Primary General Primary General Primary General Primary General Primary General Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General	ITEMIZED DISBURSEMENTS		(check o	,						
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) WORKING FAMILLES FOR HAWAII Full Name (Last, First, Middle Initial) AHAWAII GOVERNMENT EMPLOYEES ASSOCIATION Mailing Address 888 MILLIANI STREET SUITE 601 City State Zip Code H H 96813 Primary General Other (specify) ▼ State: District Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement State: District Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Office Sought: House Primary General District Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Office Sought: House Primary General Candidate Name Category/ Office Sought: Other (specify) ▼ State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General District Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Category/ Type Office Sought: House Primary General Category/ Type Office Sought: House Primary General Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Candidate Name Category/ Type Office Sought: House Primary General Office Sought: Sanate Primary Genera										
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A HAWAII GOVERNMENT EMPLOYEES ASSOCIATION Mailing Address 888 MILLIANI STREET SUITE 601 City State Zip Code HI 96813 Purpose of Disbursement In-kind- ADMINISTRATIVE/SALARY COSTS Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Category Type Office Sought: House Primary General Other (specify) ▼ State Zip Code Purpose of Disbursement Candidate Name Category Type Office Sought: House Senate President Category Type Office Sought: House Senate President Category Type Office Sought: House Senate President Category Type Office Sought: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category Type Office Sought: Amount of Each Disbursement this Period Category Type Office Sought: House Senate President Cate	· · ·									
A. HAWAII GOVERNMENT EMPLOYEES ASSOCIATION Mailing Address 989 MILILANI STREET SUITE 601 City State Zip Code HONOLULU HI 96813 Purpose of Disbursement In-kain's ADMINISTRATIVE/SALARY COSTS Candidate Name Category' Type Office Sought: House Primary General Primary General Primary General Candidate Name Category' Type Disbursement House Primary General Category' Type Disbursement Tor: Candidate Name Category' Type Disbursement Tor: Category' Type Disbur	$ \hspace{.05cm} \rangle$ WORKING FAMILIES FOR HAWAI	I								
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HONOLULU Purpose of Disbursement In-kind - ADMINISTRATIVE/SALARY COSTS Candidate Name Office Sought:				10	17	2012				
Purpose of Disbursement In-kind - ADMINISTRATIVE/SALARY COSTS Candidate Name Office Sought:		·		Trans	saction ID :	: SB21B.4291				
In-kind - ADMINISTRATIVE/SALARY COSTS Candidate Name Office Sought:		HI 96813								
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Other (specify) ▼ State: District: District: Other (specify) ▼ Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) ▼ State: District: District: Other (specify) ▼ Mailing Address City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) ▼ Mailing Address City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) ▼ Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Other (specify) ▼ State: District: District: Other (specify) ▼ State: District: District: Other (specify) ▼ State: District: District: Other (specify) ▼				Amoun	Amount of Each Disbursement this Period					
Office Sought: House	Candidate Name					90.00				
Senate	Office Sought: House Dishursem	ent For:	Туре		7	35.55				
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) Office Sought: House Disbursement For: Senate Primary General Other (specify) Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Office Sought: House Disbursement For: Senate Primary General Other (specify) Office Sought: Disbursement For: Senate Primary General Other (specify) State: District: Di										
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Candidate Name Category/ Type	City S	tate Zip Code								
Candidate Name Category/ Type	District of District or and									
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Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Candidate Name		Category/	'						
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District:		. =			7					
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Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District:										
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:	, , , , , , , , , , , , , , , , , , , ,			Date o	f Diehurear	ment				
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District:	0.			M M						
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period	Mailing Address									
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period	City	tate Zin Code								
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period		_р								
Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District:	Purpose of Disbursement			Ⅱ.						
Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Candidate Name		Catagony			Disbursement this Period				
Senate Primary Other (specify) State: District: Primary Other (specify) ■ Other (specify)										
President Other (specify) ▼ State: District:										
State: District:		•								
SUBTOTAL of Disbursements This Page (optional)										
SUBTOTAL of Disbursements This Page (optional)						20.00				
	SUBTOTAL of Disbursements This Page (optional)		·····•		7	90.00				
TOTAL This Period (last page this line number only)	TOTAL This Period (last page this line number only).					90.00				

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

				FOR LINE 2	4 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC ID	DENTIFICATION	ON NUMBER ▼
٧	VORKING FAMILIES FOR HAWAII			000400400	
			C	C00490193	
			- M /	D D /	Y = Y = Y
Ch	neck if 24-hour report 48-hour report New report Amends report	filed on			
	Full Name (Last, First, Middle Initial) of Payee	Date			
	HENDRIX MIYASAKI SHIN ADVERTISING	M	- M	D D /	Y Y Y Y
	Mailing Address 1580 MAKALOA STREET		10	02	2012
	Mailing Address 1580 MAKALOA STREET	A			
	SUITE 945	Amour	11		
	City State Zip Code				56468.43
	HONOLULU HI 96814	Transac	ction ID	: SE.4276	
		Office Sough	nt:	House	State: HI
	Television Ads Part 3 Type 004		\times	Senate	District: 00
	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
		Check One:		Support	X Oppose
		Disbursemen	nt For	Primary	General
	Odiendal Teal-10-Date Lection	012			Ceneral
	isi since sought	Oti	her (sp	ecity) ►	
	Full Name (Last, First, Middle Initial) of Payee	Date			
		M	- M	/ D D /	Y Y Y Y Y
	Mailing Address	-L			
	ivialing Address	Amour	nt .		
		Amour			
	City State Zip Code				
					Chahai
	Category/	Office Sough	nt:	House	State:
	Type			Senate	District:
	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
		Check One:		Support	Oppose
	Colondar Voor To Data Par Floation	Disbursemer	nt For:	Primary	General
	Calendar Year-To-Date Per Election for Office Sought	Otl	her (sp	ecify)	
			. ioi (api	→ <u> </u>	
	(a) SUBTOTAL of Itemized Independent Expenditures	"			56468.43
			-		
	(b) SUBTOTAL of Unitemized Independent Expenditures		-		
	· · · · · · · · · · · · · · · · · · ·		7	7	-
	(c) TOTAL Independent Expenditures		-		
	(c) TOTAL independent Experiationes	L .	-7-	-	56468.43
	Under penalty of perjury I certify that the independent expenditures reported herein were no	ot made in c	ooperat	tion, consultat	tion, or concert
	with, or at the request or suggestion of, any candidate or authorized committee or agent of e				
	party committee) any political party committee or its agent.				
	Guy Fujimura [Electronically Filed] Date	10 /	19	/ Y Y 201:	Y
	Signature Date	10	19	201.	4
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